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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Antonino Cattaneo et al. Docket No.: LLG/2006.01/US
Serial No.: 10/049,306 Examiner: Richard Schnizer
Filed : June 5, 2002 Art Unit: 1635
For : NON-HUMAN TRANSGENIC ANIMALS FOR THE STUDY OF
NEURODEGENERATIVE SYNDROMES

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

**REVOCATION OF PREVIOUS POWER OF ATTORNEY &
CHANGE OF CORRESPONDENCE ADDRESS**

Pursuant to 37 CFR 1.36, applicants submit herewith a revocation of all previous powers of attorney given in the above-referenced application, and pursuant to 37 CFR 1.33, also submit a change in correspondence address. Pursuant to the Rules, individual Revocation of Power of Attorney and Change of Correspondence Address forms executed by each of the inventors/applicants in this matter are submitted herewith (3 forms attached).

Pursuant to the provisions of 37 CFR 1.34, the undersigned attorney states that he is authorized to act on behalf of the applicant in this matter. Formal Powers of Attorney are forthcoming.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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Signature

K. SHARPLES
(type or print name of person certifying)

SN 10/049,306
Atty Docket No. LLG/2006.01/US

Please therefore direct any and all correspondence in the matter to:

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Date: June 11th, 2006

Respectfully submitted,


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PTO/SB/62 (01-00)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	20/049,306
Filing Date	06/05/2002
First Named Inventor	CATTANEO, A.
Art Unit	1635
Examiner Name	SCHEINER
Attorney Docket Number	LL9/2006.C1 US

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	LAW OFFICE OF KENNETH K. SHARPLES		
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Antonino Cattaneo</i>
Name	ANTONINO CATTANEO
Date	05/25/2006
Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, use below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.51. The information is required to obtain or retain a benefit by the public which is in the form of the USPTO in processing an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/049,306
	Filing Date	06/05/2002
	First Named Inventor	CATTANEO, A.
	Art Unit	1635
	Examiner Name	SCHWABER
	Attorney Docket Number	LL9/2006.01 US

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	LAW OFFICE OF KENNETH K. SHARPLES		
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Francesca Rubert</i>		
Name	FRANCESCA RUBERTI		
Date	05-6-06	Telephone	505-601703236

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	20/049,306
	Filing Date	06/05/2002
	First Named Inventor	CATTANEO, A.
	Art Unit	1635
	Examiner Name	SCHWARTZ
	Attorney Docket Number	LLG/2006.01 US

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number

OR

<input checked="" type="checkbox"/> Firm or Individual Name	LAW OFFICE OF KENNETH K. SHARPLES		
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/08)

SIGNATURE of Applicant or Assignee of Record

Signature	SIMONA CARSONI	
Name	SIMONA CARSONI	
Date	05/03/2006	Telephone +39-06-80019041

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.

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